1	04 NCAC 24A .0104 is proposed for amendment as follows:			
2				
3	04 NCAC 24A .	0104 ADDRESSES FOR FILING CLAIMS, APPEALS, EXCEPTIONS, REQUESTS OR		
4		PROTESTS		
5	(a) Claimants sh	nall file a claim for unemployment insurance benefits by internet on DES's website, or by telephone.		
6	(1)	The telephone number for DES's Customer Call Center for filing a new initial claim or inquiring		
7		about an existing claim is (888) 737-0259.		
8	(2)	The telephone number for filing weekly certifications is (888) 372-3453.		
9	(b) Appeals from	(b) Appeals from a Determination by Adjudicator shall be filed with the Appeals Section in SCUBI, by mail,		
10	facsimile, or em	ail.		
11	(1)	The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967.		
12	(2)	The facsimile number is (919) 857-1296.		
13	(3)	The email address is des.public.appeals@nccommerce.com.		
14	(4)	Correspondence and appeals submitted by email outside the SCUBI system shall not include social		
15		security numbers or employer account numbers.		
16	(5)	Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105		
17		and shall contain the date of the appeal, the docket or issue identification number of the		
18		determination being appealed, the claimant's identification number, the names of the claimant and		
19		employer, each reason for the appeal, the name of the individual filing the appeal, the official		
20		position of an individual filing the appeal on behalf of the party, and a telephone number.		
21	(c) Appeals of a	Non-Fraud Overpayment Determination shall be filed with the Benefits Integrity Unit in SCUBI, by		
22	mail, or facsimil	e.		
23	(1)	The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967.		
24	(2)	The facsimile number is (919) 857-1296.		
25	(3)	Correspondence submitted by email outside the SCUBI system shall not include social security		
26		numbers or employer account numbers.		
27	(4)	Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105		
28		and shall contain the date of the appeal, the docket or identification number of the determination		
29		being appealed, the claimant's identification number, the names of the claimant and employer, each		
30		reason for the appeal, the name of the individual filing the appeal, the official position of an		
31		individual filing the appeal on behalf of the party, and a telephone number.		
32	(5)	Any questions regarding the contents of a Non-Fraud Overpayment Determination shall be directed		
33		to the Benefits Integrity Unit by telephone to (919) 707-1338, facsimile at (919) 857-1296, or email		
34		at des.ui.bpc@nccommerce.com.		
35	(d) Appeals of a	Fraud Overpayment Determination shall be filed with the Benefits Integrity Unit in SCUBI, by mail,		
36	or facsimile.			
37	(1)	The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967.		

1 (2) The facsimile number is (919) 857-1296. 2 (3) Correspondence submitted by email outside the SCUBI system shall not include social security 3 numbers or employer account numbers. 4 (4) Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 5 and shall contain the date of the appeal, the docket or identification number of the determination 6 being appealed, the claimant's identification number, the names of the claimant and employer, each 7 reason for the appeal, the name of the individual filing the appeal, the official position of an 8 individual filing the appeal on behalf of the party, and a telephone number. 9 (5) Any questions regarding the contents of a Fraud Overpayment Determination shall be directed to 10 the Benefits Integrity Unit by telephone to (919) 707-1338, facsimile at (919) 857-1296, or email at 11 des.ui.bpc@nccommerce.com. 12 (e) Appeals of a Monetary Determination denying a protest to a Wage Transcript and Monetary Determination shall 13 be filed with the Tax Administration Section in SCUBI, by mail, facsimile, or email. 14 (1) The mailing address is Post Office Box 26504, Raleigh, North Carolina 27611-6504. 15 (2) The facsimile number is (919) 733-1255. 16 (3)The email address is des.tax.customerservice@nccommerce.com. 17 (4) Correspondence and appeals submitted by email outside the SCUBI system shall not include social 18 security numbers or employer account numbers. 19 Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 (5) 20 and shall contain the date of the appeal, the docket or identification number of the determination 21 being appealed, the claimant's identification number, the names of the claimant and employer, each 22 reason for the appeal, the name of the individual filing the appeal, the official position of an 23 individual filing the appeal on behalf of the party, and a telephone number. Any questions regarding the contents of a determination denying a protest to a Wage Transcript and 24 (6) 25 Monetary Determination shall be directed to the Wage Records Unit of the Tax Administration 26 Section by telephone to (919) 707-1191, facsimile at (919) 733-1255, or email at 27 des.tax.customerservice@nccommerce.com. 28 (f) Protests of a Wage Transcript and Monetary Determination shall be filed with the Tax Administration Section in 29 SCUBI, by mail, or facsimile. 30 (1) The mailing address is Post Office Box 26504, Raleigh, North Carolina 27611-6504. 31 (2)The facsimile number is (919) 733-1255. 32 (3) Correspondence submitted by email outside the SCUBI system shall not include social security 33 numbers or employer account numbers. 34 (4) Protests shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 35 and shall contain the date of the protest, the docket or identification number of the determination 36 being protested, the claimant's identification number, the names of the claimant and employer, each

1 reason for the protest, the name of the individual filing the protest, the official position of an 2 individual filing the protest on behalf of the party, and a telephone number. 3 (5) Any questions regarding the contents of a Wage Transcript and Monetary Determination shall be 4 directed to the Wage Records Unit by telephone to (919) 707-1191, facsimile at (919) 733-1255, or 5 email at des.tax.customerservice@nccommerce.com. (g) Petitions for Waiver of Overpayment shall be filed with the Benefits Integrity Unit in SCUBI, by mail, or facsimile. 6 7 (1) The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967. 8 (2) The facsimile number is (919) 857-1296. 9 (3)Correspondence submitted by email outside the SCUBI system shall not include social security 10 numbers or employer account numbers. 11 (4) Petitions shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 12 and shall contain the date of the petition, docket or identification number of the overpayment 13 determination, the claimant's identification number, the name of the claimant, each reason for the 14 request to waive repayment of the overpayment, the name of the individual filing the petition, the 15 official position of an individual filing the petition on behalf of the party, and a telephone number. 16 (h) Claimant appeals of a North Carolina Department of Revenue (NCDOR) Offset Letter shall be filed with the 17 Benefits Integrity Unit in SCUBI, by mail, or facsimile. 18 The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967. (1) 19 (2) The facsimile number is (919) 857-1296. 20 (3) Correspondence regarding a claimant's NCDOR Offset Letter submitted by email outside the 21 SCUBI system shall not include social security numbers or employer account numbers. 22 (4) Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 23 and shall contain the date of the appeal, the docket or identification number of the offset letter being 24 appealed, the claimant's identification number, the name of the claimant, each reason for the appeal, 25 the name of the individual filing the appeal, the official position of an individual filing the appeal 26 on behalf of the party, and a telephone number. 27 (5) Any questions regarding the contents of a claimant's NCDOR Offset Letter shall be directed to the 28 Benefits Integrity Unit by telephone to (919) 707-1338, facsimile at (919) 857-1296, or email at 29 des.ui.bpc@nccommerce.com. 30 (i) Employer appeals of a North Carolina Department of Revenue (NCDOR) Offset Letter for outstanding tax debts 31 shall be filed with the Tax Administration Section by mail or facsimile. 32 The mailing address is Post Office Box 26504, Raleigh, NC 27611-6504. (1) 33 (2) The facsimile number is (919) 733-1255. 34 Correspondence regarding an employer's NCDOR Offset Letter submitted by email outside the (3) 35 SCUBI system shall not include social security numbers or employer account numbers. 36 (4) Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 37 and shall contain the date of the appeal, the docket or identification number of the offset letter, the

1		name of the employer, each reason for the appeal, the name of the individual filing the appeal, the
2		official position of an individual filing the appeal on behalf of the party, and a telephone number.
3	(5)	Any questions regarding the contents of an employer's NCDOR Offset letter Letter for outstanding
4		tax debts shall be directed to the Tax Administration Section by facsimile at (919) 733-1255, or
5		email at des.tax.customerservice@nccommerce.com.
6	(j) Claimant R	equests for Reevaluation under the Treasury Offset Program (TOP) shall be filed with the Benefits
7	Integrity Unit in	n SCUBI, by mail, or facsimile.
8	(1)	The mailing address is Post Office Box, 27967, Raleigh, North Carolina 27611-7697.
9	(2)	The facsimile number is (919) 857-1296.
10	(3)	Correspondence submitted by email outside the SCUBI system shall not include social security
11		numbers or employer account numbers.
12	(4)	Requests shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105
13		and shall contain the date of the request, the docket or identification number of the TOP notice, the
14		claimant's identification number, the name of the claimant, each reason for the request, the name of
15		the individual filing the request, the official position of an individual filing the request on behalf of
16		the party, and a telephone number.
17	(5)	Claimant questions regarding TOP shall be directed to a Recovery Specialist by telephone to (919)
18		707-1338, or email at des.ui.bpc@nccommerce.com.
19	(k) Employer	Requests for Reevaluation under the Treasury Offset Program (TOP) shall be filed with the Tax
20	Administration	Section by mail or facsimile.
21	(1)	The mailing address is Post Office Box 26504, Raleigh, North Carolina 27611-6504.
22	(2)	The facsimile number is (919) 733-1255.
23	(3)	Correspondence submitted by email outside the SCUBI system shall not include social security
24		numbers or employer account numbers.
25	(4)	Requests shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105
26		and shall contain the date of the request, the docket or identification number of the TOP notice, the
27		name of the employer, each reason for the request, the name of the individual filing the request, the
28		official position of an individual filing the request on behalf of the party, and a telephone number.
29	(5)	Employer questions regarding TOP shall be directed to the Tax Administration Section by telephone
30		to (919) 707-1150, facsimile at (919) 733-1255, or email at
31		des.tax.customerservice@nccommerce.com.
32	(l) Appeals from	m an Appeals Decision shall be filed with the Board of Review in SCUBI, by mail, facsimile, or email.
33	(1)	The mailing address is Post Office Box 28263, Raleigh, North Carolina 27611-8263.
34	(2)	The facsimile number is (919) 733-0690.
35	(3)	The email address is des.ha.appeals@nccommerce.com.
36	(4)	Correspondence and appeals submitted by email outside the SCUBI system shall not include social
37		security numbers or employer account numbers.

1 (5) Appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A .0105 2 and shall contain the date of the appeal, the docket or issue identification number of the 3 determination being appealed, the claimant's identification number, the names of the claimant and 4 employer, each reason for the appeal, the name of the individual filing the appeal, the official 5 position of an individual filing the appeal on behalf of the party, and a telephone number. 6 (m) Protests or appeals of adequacy determinations shall be filed with the Claims Unit in SCUBI, by mail, or facsimile. 7 (1) The mailing address is Post Office Box 27967, Raleigh, North Carolina. 27611-7967. 8 (2) The facsimile number is (919) 857-1296. 9 (3)Correspondence submitted by email outside the SCUBI system shall not include social security 10 numbers or employer account numbers. 11 (4) Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 12 24A .0105 and shall contain the date of the protest or appeal, the docket or identification number of 13 the determination being protested or appealed, the name of the employer, each reason for the protest 14 or appeal, the name of the party filing the protest or appeal, the official position of an individual 15 filing the protest or appeal on behalf of the party, and a telephone number. 16 (n) Protests or appeals of a Tax Liability Determination shall be filed with the Tax Administration Section by mail, 17 facsimile, or email. 18 (1) The mailing address is Post Office Box 26504, Raleigh, NC 27611-6504. 19 The facsimile number is (919) 715-7197. (2) 20 (3) The email address is des.tax.customerservice@nccommerce.com. 21 (4) Correspondence and protests or appeals submitted by email outside the SCUBI system shall not 22 include social security numbers or employer account numbers. 23 (5) Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24 24A .0105 and shall contain the date of the protest or appeal, the docket or identification number of 25 the determination being appealed, the claimant's identification number, the names of the claimant 26 and employer, each reason for the protest or appeal, the name of the individual filing the protest or 27 appeal, the official position of an individual filing the protest or appeal on behalf of the party, and a 28 telephone number. 29 (o) Protests or appeals of a Tax Rate Assignment shall be filed with the Tax Administration Section by mail, facsimile, 30 or email. 31 (1) The mailing address is Post Office Box 26504, Raleigh, NC 27611-6504. 32 The facsimile number is (919) 733-1255. (2) 33 (3) The email address is des.tax.customerservice@nccommerce.com. 34 (4) Correspondence and protests or appeals submitted by email outside the SCUBI system shall not 35 include social security numbers or employer account numbers. 36 (5) Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 37 24A .0105 and shall contain the date of the protest or appeal, the docket or identification number of

1		the rate assignment, the name and address of the employer, the employer's account number, each	
2		reason for the protest or appeal, the name of the individual filing the protest or appeal, the official	
3		position of an individual filing the protest or appeal on behalf of the party, and a telephone number.	
4	(p) Protests of	r appeals of Audit Results shall be filed with the Tax Administration Section by mail, facsimile, or	
5	email.		
6	(1)	The mailing address is Post Office Box 26504, Raleigh, NC 27611-6504.	
7	(2)	The facsimile number is (919) 733-1255.	
8	(3)	The email address is des.tax.customerservice@nccommerce.com.	
9	(4)	Correspondence and protests or appeals submitted by email outside the SCUBI system shall not	
10		include social security numbers or employer account numbers.	
11	(5)	Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC	
12		24A .0105 and shall contain the date of the protest or appeal, the docket or identification number of	
13		the result being protested or appealed, the name of the employer, each reason for the protest or	
14		appeal, the name of the individual filing the protest or appeal, the official position of an individual	
15		filing the protest or appeal on behalf of the party, and a telephone number.	
16	(q) Protests or appeals of Tax Assessments shall be filed with the Tax Administration Section by mail, facsimile, or		
17	email.		
18	(1)	The mailing address is Post Office Box 26504, Raleigh, NC 27611-6504.	
19	(2)	The facsimile number is (919) 733-1255.	
20	(3)	The email address is des.tax.customerservice@nccommerce.com.	
21	(4)	Correspondence and protests or appeals submitted by email outside the SCUBI system shall not	
22		include social security numbers or employer account numbers.	
23	(5)	Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC	
24		24A .0105 and shall contain the date of the protest or appeal, the docket or identification number of	
25		the assessment being protested or appealed, the name of the employer, each reason for the protest	
26		or appeal, the name of the individual filing the protest or appeal, the official position of the	
27		individual filing the protest or appeal on behalf of the party, and a telephone number.	
28	(r) Exceptions	to a Tax Opinion shall be filed with the Board of Review by mail, facsimile, or email.	
29	(1)	The mailing address is Post Office Box 28263, Raleigh, North Carolina 27611-8263.	
30	(2)	The facsimile number is (919) 715-7193.	
31	(3)	The email address is BOR@nccommerce.com.	
32	(4)	Correspondence and exceptions submitted by email outside the SCUBI system shall not include	
33		social security numbers or employer account numbers.	
34	(5)	Exceptions shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A	
35		.0105 and shall contain the date of the exceptions, the docket or identification number of the tax	
36		opinion, the claimant's identification number, the names of the claimant and employer, the name of	

1 the individual filing the exceptions, each reason for the exceptions, the official position of an 2 individual filing the exceptions on behalf of the party, and a telephone number. 3 (s) Requests for non-charging of benefits to an employer's account, and protests or appeals of benefit charges to an 4 employer's account shall be filed with the Claims Unit in SCUBI, by mail, or facsimile. 5 (1) The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967. (2) 6 The facsimile number is (919) 857-1296. 7 (3) Correspondence, requests, protests, or appeals submitted by email outside the SCUBI system shall 8 not include social security numbers or employer account numbers. 9 (4) Requests for non-charging and protests or appeals shall be filed by a party or a party's legal 10 representative as defined in 04 NCAC 24A .0105 and shall contain the date of the request, the docket 11 or employer's identification number, the name of the employer, each reason for the request, the name and official position of the individual filing the request, protest, or appeal, on behalf of the party, 12 13 and a telephone number. 14 (t) Requests for seasonal determinations and protests or appeals of a Denial of Seasonal Assignment shall be filed 15 with the Tax Administration Section by mail, facsimile, or email. 16 (1) The mailing address is Post Office Box 26504, Raleigh, NC 27611-6504. 17 (2) The facsimile number is (919) 715-7197. 18 (3) The email address is des.tax.customerservice@nccommerce.com. 19 (4) Correspondence and protests or appeal submitted by email outside the SCUBI system shall not 20 include social security numbers or employer account numbers. 21 (5) Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 22 24A .0105 and shall contain the date of the protest or appeal, the docket or identification number of 23 the denial being appealed, the name of the employer, each reason for the protest or appeal, the name 24 of the individual filing the protest or appeal, the official position of an individual filing the protest 25 or appeal on behalf of the party, and a telephone number. 26 (u) Transmittal of interstate work search records and photo identification shall be filed with the Claims Unit by mail 27 or facsimile. 28 (1) The mailing address is Post Office Box 27967, Raleigh, North Carolina 27611-7967. 29 (2) The facsimile number is (919) 857-1296. (v) Requests for oral arguments or to reschedule oral arguments shall be filed with the Board of Review in SCUBI, 30 31 by mail, facsimile, or email. 32 The mailing address is Post Office Box 28263, Raleigh, North Carolina 27611-8263. (1) 33 (2) The facsimile number is (919) 733-0690. 34 (3) The email address is des.ha.appeals@nccommerce.com. 35 (4) Correspondence and requests for oral arguments submitted by email outside the SCUBI system shall 36 not include social security numbers or employer account numbers.

- 1 (4) Requests for oral arguments shall be filed by a party or a party's legal representative as defined in 2 04 NCAC 24A .0105 and shall contain the date of the request, the docket or issue identification 3 number of the decision being appealed, the claimant's identification number, the names of the 4 claimant and employer, the name and official position of the individual filing the request on behalf 5 of the party, a telephone number, and a statement that a copy of the request was served on the 6 opposing party, if one exists. 7 (w) Employers may file requests for compromise of tax debts with DES's Tax Administration Section by mail, 8 facsimile, or email. 9 The address is Post Office Box 26504, Raleigh, NC 27611-6504. (1) 10 The facsimile number is (919) 733-1255. (2) 11
 - (3) The email address is des.tax.customerservice@nccommerce.com.
 - Correspondence submitted by email outside the SCUBI system shall not include social security (4) numbers or employer account numbers.
 - (5) The letter shall contain the date of the request, the name of the employer, the name and official position of the individual filing the election on behalf of the employer, and a telephone number.
 - (x) Employers electing to pay reimbursements for benefits, rather than contributions, shall submit written notice of their election to DES's Tax Administration Section by mail, facsimile, or email.
 - (1) The address is Post Office Box 26504, Raleigh, NC 27611-6504.
 - The facsimile number is (919) 733-1255. (2)

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- (3) The email address is des.tax.customerservice@nccommerce.com.
- (4) Correspondence submitted by email outside the SCUBI system shall not include social security numbers or employer account numbers.
 - (5) The letter shall contain the date of the notice of election, the name and address of the employer, the name and official position of the individual filing the election on behalf of the employer, and a telephone number.
- (y) Employers shall make payments to DES by credit card, money order, electronic check, business check with funds drawn from a U.S. financial institution, cashier's check from a U.S. financial institution, automated clearing house (ACH) credit, or cash.
- (1) Payments made by money order, business check, cashier's check, or cash shall be sent by mail or delivery service to DES's Tax Administration Section, Post Office Box 26504, Raleigh, NC 27611-6504, or by delivery to an agent of DES designated to accept payments in accordance with G.S. 96-10.
 - (2) Payments by electronic transmission shall be made on DES's website.
- 34 (3) Payments by ACH credit shall be initiated by employers through their U.S. financial institution.
 - (z) Claimants shall make payments to DES by cashier's check from a U.S. financial institution, by personal check with funds drawn from a U.S. financial institution, by money order, or by credit card.

1	(1)	Payments by mail or derivery service snall be sent to the Benefit Payment Control (BPC) Unit, Post
2		Office Box 25903, Raleigh, NC 27611-5903.
3	(2)	Payments by credit card shall be made on DES's website, or by calling BPC at (919) 707-1338.
4	(aa) Payment	of fees for transcripts shall be made by money order, cashier's check from a U.S. financial institution,
5	or by personal	or business check with funds drawn from a U.S. financial institution.
6	<u>(1)</u> <u>A</u>	An agency of state or federal government, a county, or a municipality may pay fees by draft.
7	<u>(2)</u> <u>I</u>	Payment shall be sent by mail to DES's Office of Finance & Budget, Post Office Box 25903, Raleigh,
8	1	NC 27611-5903.
9	(bb) Protests of	or appeals from a Result of Investigation shall be filed with the Legal Services Section ATTN: Chief
10	Counsel, by m	ail or facsimile.
11	<u>(1)</u> <u>7</u>	The mailing address is Post Office Box 25903, Raleigh, NC 27611-5903.
12	<u>(2)</u> 7	The facsimile number is (919) 733-8745.
13	<u>(3)</u> <u>(</u>	Correspondence and protests or appeals submitted by email outside the SCUBI system shall not include
14	<u>s</u>	social security numbers or employer account numbers.
15	<u>(4)</u> <u>I</u>	Protests or appeals shall be filed by a party or a party's legal representative as defined in 04 NCAC 24A
16	<u></u>	0105 and shall contain the date of the protest or appeal, the docket or identification number of the
17	<u>C</u>	letermination or result being appealed, the claimant's identification number, the names of the claimant
18	<u>a</u>	and employer, each reason for the protest or appeal, the name of the individual filing the protest or
19	<u>a</u>	appeal, the official position of an individual filing the protest or appeal on behalf of the party, and a
20	<u>t</u>	elephone number.
21	<u>(5)</u> (Questions regarding Results of Investigation shall be directed to the Legal Services Section by telephone
22	<u>t</u>	o (919) 707-1025, or facsimile to (919) 733-8745.
23		
24	History Note:	Authority G.S. 75-62; 96-4; 96-9.6; 96-9.8; 96-10; 96-10.1; 96-14.1; 96-15; 96-17; 96-18; 96-40;
25		20 C.F.R. 603.4.
26		Eff. July 1, 2015;
27		Amended Eff. September 1, 2017;
28		Amended Eff. July 1, 2018;
29		Amended Fff August 1, 2020